353 Food Allergy	
Area:	Summary of Updates: (Implemented Oct. 1, 2013)
Definition:	Food allergies - adverse effects from an immune response occurring when exposed to a specific food (No change to assigning Risk 353 – must have been diagnosed by a physician or someone working under a physician)
Justification:	<ul> <li>Food Allergies -</li> <li>Is the body's immune system responding to a harmless food as if it were a harmful; can be life-threatening</li> <li>Individuals with a family history of allergies are most susceptible; can occur at any age</li> </ul>
	<ul> <li>Food Allergies vs. Intolerances -</li> <li>Food intolerances differ from food allergies because they don't involve the immune system</li> <li>Food intolerances are often misdiagnosed as food allergies</li> <li>Possible food intolerance causes include food poisoning, histamine toxicity, or reactions to food additives</li> </ul>
	Common Food Allergens – (children sometimes outgrow an allergy)  Soy Eggs  Wheat Cow's milk (and foods made from cow's milk)  Peanuts and tree nuts (walnuts, almonds, cashews, hazelnuts, pecans, brazil nuts)  Fish and crustacean shellfish (e.g. shrimp, crayfish, lobster, and crab)
	Symptoms – (usually occur within minutes to 4 hours after ingestion; diagnosis can be difficult):         Hives       Wheezing       Low blood pressure       Nausea         Swelling       Cough       Vomiting       Life threatening shock (most severe form of allergy)
	<ul> <li>Exclusive breastfeeding may decrease risk of developing allergies</li> <li>For high-risk infants being formula fed, a partially-hydrolyzed (partially-digested) formula may decrease risk</li> <li>There's no evidence to support the use of soy formula as a prevention strategy</li> <li>There's no prevention benefit by avoiding potentially allergenic foods during pregnancy, lactation, infancy</li> </ul>
	<ul> <li>Management -</li> <li>Physician determines a management plan: food avoidance and a treatment strategy if exposure occurs</li> <li>Food avoidance includes avoiding similar foods within a food group likely to cause reaction</li> </ul>
	<ul> <li>Implications for WIC – Through participant-centered counseling staff can (based on participant concerns/interests):</li> <li>Monitor prenatal weight gain for women and growth for infants/children</li> <li>Promote exclusive breastfeeding</li> <li>Help identify appropriate WIC foods and tailor WIC food packages accordingly</li> <li>Educate participants about understanding food labels and identifying allergenic foods</li> <li>Educate participants on planning nutritionally adequate meals and snacks while avoiding allergenic foods</li> <li>Route chart to RD for infants/children; RD may consult with the physician to assess if a possible re-challenge of the offending food(s) is appropriate</li> </ul>
Clarification:	Food allergies are diagnosed by a HCP by —  • Physical exam and evaluating medical history including potential allergies (symptoms, timing, triggers)  • Testing (type of tests selected varies depending on the evaluation) Food Elimination Diet Allergen-specific serum IgE (sigE) Skin Prick Text (SPT) Oral Food Challenge Atopy Patch Test